

Exhibit C

Form **1040** Department of the Treasury - Internal Revenue Service **2009** (99) IRS Use Only - Do not write or staple in this space. OMB No. 1545-0074

Label (See instructions on page 14.) **Use the IRS label.** Otherwise, please print or type.

For the year Jan. 1-Dec. 31, 2009, or other tax year beginning , 2009, ending ,

Your first name and initial HAROLD **Last name** BENDELL **Your social security number** [REDACTED]

If a joint return, spouse's first name and initial ANNE **Last name** BENDELL **Spouse's social security number** [REDACTED]

Home address (number and street). If you have a P.O. box, see page 14. [REDACTED] **Apt. no.** [REDACTED]

City, town or post office, state, and ZIP code. If you have a foreign address, see page 14. [REDACTED]

Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 14) ☐ You ☐ Spouse

Filing Status

1 ☐ Single 4 ☐ Head of household (with qualifying person). (See page 15.) If the qualifying person is a child but not your dependent, enter this child's name here. ☐

2 ☒ Married filing jointly (even if only one had income)

3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ☐

5 ☐ Qualifying widow(er) with dependent child (see page 16)

Exemptions

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a

b ☒ Spouse

c **Dependents:**

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see page 17)

If more than four dependents, see page 17 and check here ☐

d Total number of exemptions claimed

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2 STMT. 1. 7 [REDACTED]

8a Taxable interest. Attach Schedule B if required 8a [REDACTED]

b Tax-exempt interest. Do not include on line 8a STMT. 2. 8b [REDACTED]

9a Ordinary dividends. Attach Schedule B if required 9a [REDACTED]

b Qualified dividends (see page 22) STMT. 2. 9b [REDACTED]

10 Taxable refunds, credits, or offsets of state and local income taxes (see page 23) . STMT. 4. 10 [REDACTED]

11 Alimony received 11 [REDACTED]

12 Business income or (loss). Attach Schedule C or C-EZ 12 [REDACTED]

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐ 13 [REDACTED]

14 Other gains or (losses). Attach Form 4797 14 [REDACTED]

15a IRA distributions 15a [REDACTED] b Taxable amount (see page 24) 15b [REDACTED]

16a Pensions and annuities 16a [REDACTED] b Taxable amount (see page 25) 16b [REDACTED]

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 [REDACTED]

18 Farm income or (loss). Attach Schedule F 18 [REDACTED]

19 Unemployment compensation in excess of \$2,400 per recipient (see page 27) 19 [REDACTED]

20a Social security benefits 20a [REDACTED] b Taxable amount (see page 27) 20b [REDACTED]

21 Other income. List type and amount (see page 29) SEE STATEMENT 2 21 30,000.

22 Add the amounts in the far right column for lines 7 through 21. This is your total income . . 22 [REDACTED]

Adjusted Gross Income

23 Educator expenses (see page 29) 23 [REDACTED]

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ . 24 [REDACTED]

25 Health savings account deduction. Attach Form 8889 25 [REDACTED]

26 Moving expenses. Attach Form 3903 26 [REDACTED]

27 One-half of self-employment tax. Attach Schedule SE 27 [REDACTED]

28 Self-employed SEP, SIMPLE, and qualified plans . STMT. 3. 28 [REDACTED]

29 Self-employed health insurance deduction (see page 30) . 29 [REDACTED]

30 Penalty on early withdrawal of savings 30 [REDACTED]

31a Alimony paid b Recipient's SSN ☐ 31a [REDACTED]

32 IRA deduction (see page 31) 32 [REDACTED]

33 Student loan interest deduction (see page 34) 33 [REDACTED]

34 Tuition and fees deduction. Attach Form 8917. 34 [REDACTED]

35 Domestic production activities deduction. Attach Form 8903 . 35 [REDACTED]

36 Add lines 23 through 31a and 32 through 35 36 [REDACTED]

37 Subtract line 36 from line 22. This is your adjusted gross income 37 [REDACTED]

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 97. 9A1210 1.000 Form **1040** (2009)

SUPPLEMENT TO FORM 1040

TAX EXEMPT INTEREST INCOME

TAX-EXEMPT INTEREST

S RIDGE CLEARING & OUTSOURCING
S STIFEL NICOLAUS-TAX EXEMPT OID

[REDACTED]
[REDACTED]

TOTAL

TAX-EXEMPT INTEREST FROM CONSOLIDATED 1099
S STIFEL NICOLAUS - TAX EXEMPT

[REDACTED]
[REDACTED]

TOTAL

TOTAL TO 1040, LINE 8B

QUALIFIED DIVIDENDS

QUALIFIED DIVIDENDS FROM FORM 1099

T BXB REINSURANCE CO
S HUDSON CITY BANCORP, INC
T THE PHOENIX COMPANIES INC.
S KEARNY FINANCIAL CORP

[REDACTED]
[REDACTED]

TOTAL FORM 1099 QUALIFIED DIVIDENDS

TOTAL TO 1040, LINE 9B

SOURCES OF OTHER INCOME

MISC. OTHER INCOME SUBJECT TO S.E. TAX

T MISCELLANEOUS INCOME

[REDACTED]

SUPPLEMENT TO FORM 1040

MISC. OTHER INCOME SUBJECT TO S.E. TAX (CONT'D)

T CORRECTION TO MISC INCOME FOR AMENDED RETURN

TOTAL TO 1040, LINE 21

30,000.

SEP DEDUCTION	TAXPAYER	SPOUSE
=====		
AMOUNT CONTRIBUTED TO SELF-EMPLOYED SEP		
EARNED INCOME		
TAXPAYER - INCLUDES ALL SOURCES EXCEPT WAGES		
SPOUSE - ALL SOURCES INCLUDING WAGES		
LESS: ONE HALF OF SELF-EMPLOYMENT TAX		
TOTAL EARNED INCOME FOR SEP CALCULATION		
CONTRIBUTION PERCENTAGE FOR MAXIMUM DEDUCTION		
	-----	-----
SELF-EMPLOYED SEP DEDUCTION		
	-----	-----
TOTAL QUALIFIED PLAN, SEP, AND SIMPLE DEDUCTION		
	=====	=====

HAROLD BENDELL & ANNE BENDELL

SUPPLEMENT TO FORM 1040

TAX EXEMPT INTEREST INCOME

TAX-EXEMPT INTEREST

J RIDGE CLEARING AND OUTSOURCING

TOTAL

TOTAL TO 1040, LINE 8B

QUALIFIED DIVIDENDS

QUALIFIED DIVIDENDS FROM FORM 1099

T THE PHOENIX COMPANIES INC.
T BXB REINSURANCE
S HUDSON CITY BANCORP
T JCHB REINSURANCE
J KEARNY FINANCIAL CORP
S PROVIDENT FINANCIAL SERVICES
J STIFEL NICOLAUS

TOTAL FORM 1099 QUALIFIED DIVIDENDS

TOTAL TO 1040, LINE 9B

SOURCES OF OTHER INCOME

MISC. OTHER INCOME SUBJECT TO S.E. TAX

T MANHEIM'S PENN AUCTION SERV INC
T MISCELLANEOUS INCOME

SUBTOTAL

Form 1040		Department of the Treasury - Internal Revenue Service		2007		IRS Use Only - Do not write or staple in this space.	
Label (See instructions on page 12.) Use the IRS label. Otherwise, please print or type.		For the year Jan. 1-Dec. 31, 2007, or other tax year beginning _____, 2007, ending _____				OMB No. 1545-0074	
L A B E L H E R E	Your first name and initial HAROLD		Last name BENDELL		Your social security number [REDACTED]		
	If a joint return, spouse's first name and initial ANNE		Last name BENDELL		Spouse's social security number [REDACTED]		
	Home address (number and street). If you have a P.O. box, see page 12. [REDACTED]				Apt. no. [REDACTED]		
	City, town or post office, state, and ZIP code. If you have a foreign address, see page 12. [REDACTED]				You must enter your SSN(s) above. [REDACTED]		
Presidential Election Campaign		Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 12) <input type="checkbox"/> You <input type="checkbox"/> Spouse				Checking a box below will not change your tax or refund.	
Filing Status Check only one box.		1 <input type="checkbox"/> Single 2 <input checked="" type="checkbox"/> Married filing jointly (even if only one had income) 3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. 4 <input type="checkbox"/> Head of household (with qualifying person). (See page 13.) If the qualifying person is a child but not your dependent, enter this child's name here. 5 <input type="checkbox"/> Qualifying widow(er) with dependent child (see page 14)					
Exemptions		6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a b <input checked="" type="checkbox"/> Spouse c Dependents:				Boxes checked on 6a and 6b No. of children on 6c who: • lived with you • did not live with you due to divorce or separation (see page 16) Dependents on 6c not entered above Add numbers on lines above	
		(1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see page 15)					
		If more than four dependents, see page 15.					
		d Total number of exemptions claimed					
Income		7 Wages, salaries, tips, etc. Attach Form(s) W-2 STMT. 1. 8a Taxable interest. Attach Schedule B if required b Tax-exempt interest. Do not include on line 8a STMT. 2. 8b [REDACTED] 9a Ordinary dividends. Attach Schedule B if required b Qualified dividends (see page 19) STMT. 2. 9b [REDACTED] 10 Taxable refunds, credits, or offsets of state and local income taxes (see page 20) STMT. 4. 11 Alimony received 12 Business income or (loss). Attach Schedule C or C-EZ 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/> 14 Other gains or (losses). Attach Form 4797 15a IRA distributions 15a [REDACTED] b Taxable amount (see page 21) 15b [REDACTED] 16a Pensions and annuities 16a [REDACTED] b Taxable amount (see page 22) 16b [REDACTED] 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 18 Farm income or (loss). Attach Schedule F 19 Unemployment compensation 20a Social security benefits 20a [REDACTED] b Taxable amount (see page 24) 20b [REDACTED] 21 Other income. List type and amount (see page 24) SEE STATEMENT 2 21 43,123. 22 Add the amounts in the far right column for lines 7 through 21. This is your total income 22 [REDACTED]					
Adjusted Gross Income		23 Educator expenses (see page 26) 23 [REDACTED] 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24 [REDACTED] 25 Health savings account deduction. Attach Form 8889 25 [REDACTED] 26 Moving expenses. Attach Form 3903 26 [REDACTED] 27 One-half of self-employment tax. Attach Schedule SE 27 [REDACTED] 28 Self-employed SEP, SIMPLE, and qualified plans 28 [REDACTED] 29 Self-employed health insurance deduction (see page 26) 29 [REDACTED] 30 Penalty on early withdrawal of savings 30 [REDACTED] 31a Alimony paid b Recipient's SSN <input type="checkbox"/> 31a [REDACTED] 32 IRA deduction (see page 27) 32 [REDACTED] 33 Student loan interest deduction (see page 30) 33 [REDACTED] 34 Tuition and fees deduction. Attach Form 8917. 34 [REDACTED] 35 Domestic production activities deduction. Attach Form 8903 35 [REDACTED] 36 Add lines 23 through 31a and 32 through 35 36 [REDACTED] 37 Subtract line 36 from line 22. This is your adjusted gross income 37 [REDACTED]					

SUPPLEMENT TO FORM 1040

TAX EXEMPT INTEREST INCOME

TAX-EXEMPT INTEREST

J RIDGE CLEARING AND OUTSOURCING

[REDACTED]

TOTAL

[REDACTED]

TOTAL TO 1040, LINE 8B

QUALIFIED DIVIDENDS

QUALIFIED DIVIDENDS FROM FORM 1099

T BANK OF NEW YORK
S HUDSON CITY BANCORP
J KEARNY FINANCIAL CORP
S PROVIDENT FINANCIAL SERVICES
J RYAN BECK & CO.
J BXB REINSURANCE
J JCHB REINSURANCE

[REDACTED]

TOTAL FORM 1099 QUALIFIED DIVIDENDS

[REDACTED]

TOTAL TO 1040, LINE 9B

SOURCES OF OTHER INCOME

MISC. OTHER INCOME SUBJECT TO S.E. TAX

T MISCELLANEOUS INCOME
T MANHEIM'S PENN AUCTION SERV INC
T

30,000.

SUBTOTAL

[REDACTED]

Form 1040 Department of the Treasury - Internal Revenue Service U.S. Individual Income Tax Return 2006		(99) IRS Use Only - Do not write or staple in this space.	
For the year Jan. 1-Dec. 31, 2006, or other tax year beginning , 2006, ending , OMB No. 1545-0074			
Label (See instructions on page 16.) Use the IRS label. Otherwise, please print or type.	LABEL HERE Your first name and initial HAROLD Last name BENDELL If a joint return, spouse's first name and initial ANNE Last name BENDELL Home address (number and street). If you have a P.O. box, see page 16. Apt. no. City, town or post office, state, and ZIP code. If you have a foreign address, see page 16.		Your social security number Spouse's social security number You must enter your SSN(s) above.
	Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 16)		Checking a box below will not change your tax or refund.
	Filing Status 1 <input type="checkbox"/> Single 2 <input checked="" type="checkbox"/> Married filing jointly (even if only one had income) 3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. 4 <input type="checkbox"/> Head of household (with qualifying person). (See page 17.) If the qualifying person is a child but not your dependent, enter this child's name here. 5 <input type="checkbox"/> Qualifying widow(er) with dependent child (see page 17)		You <input type="checkbox"/> Spouse <input type="checkbox"/>
	Exemptions 6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a. 6b <input checked="" type="checkbox"/> Spouse. c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see page 19) If more than four dependents, see page 19. d Total number of exemptions claimed		Boxes checked on 6a and 6b No. of children on 6c who: • lived with you • did not live with you due to divorce or separation (see page 20) Dependents on 6c not entered above Add numbers on lines above
Income Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a W-2, see page 23. Enclose, but do not attach, any payment. Also, please use Form 1040-V.	7 Wages, salaries, tips, etc. Attach Form(s) W-2 STMT. 1. 8a Taxable interest. Attach Schedule B if required 8b Tax-exempt interest. Do not include on line 8a STMT. 2. 8b 9a Ordinary dividends. Attach Schedule B if required 9b Qualified dividends (see page 23) STMT. 2. 9b 10 Taxable refunds, credits, or offsets of state and local income taxes (see page 24) STMT. 4. 11 Alimony received 12 Business income or (loss). Attach Schedule C or C-EZ 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/> 14 Other gains or (losses). Attach Form 4797 15a IRA distributions 15a b Taxable amount (see page 25) 16a Pensions and annuities 16a b Taxable amount (see page 26) 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 18 Farm income or (loss). Attach Schedule F 19 Unemployment compensation 20a Social security benefits 20a b Taxable amount (see page 27) 21 Other income. List type and amount (see page 29) SEE STATEMENT 2 22 Add the amounts in the far right column for lines 7 through 21. This is your total income		7 8a 9a 10 11 12 13 14 15b 16b 17 18 19 20b 21 34,457. 22
	Adjusted Gross Income 23 Archer MSA deduction. Attach Form 8853 23 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24 25 Health savings account deduction. Attach Form 8889 25 26 Moving expenses. Attach Form 3903 26 27 One-half of self-employment tax. Attach Schedule SE 27 28 Self-employed SEP, SIMPLE, and qualified plans 28 29 Self-employed health insurance deduction (see page 29) 29 30 Penalty on early withdrawal of savings 30 31a Alimony paid b Recipient's SSN <input type="checkbox"/> 31a 32 IRA deduction (see page 31) 32 33 Student loan interest deduction (see page 33) 33 34 Jury duty pay you gave to your employer 34 35 Domestic production activities deduction. Attach Form 8903 35 36 Add lines 23 through 31a and 32 through 35 36 37 Subtract line 36 from line 22. This is your adjusted gross income 37		36 37

HAROLD & ANNE BENDELL

SUPPLEMENT TO FORM 1040

TAX EXEMPT INTEREST INCOME

TAX-EXEMPT INTEREST

J ADP CLEARING

TOTAL

TOTAL TO 1040, LINE 8B

QUALIFIED DIVIDENDS

QUALIFIED DIVIDENDS FROM FORM 1099

T BANK OF NEW YORK
S HUDSON CITY BANCORP
J KEARNY FINANCIAL CORP
S PROVIDENT FINANCIAL SERVICES
J RYAN BECK & CO.

TOTAL FORM 1099 QUALIFIED DIVIDENDS

TOTAL TO 1040, LINE 9B

SOURCES OF OTHER INCOME

MISC. OTHER INCOME SUBJECT TO S.E. TAX

T MANHEIM'S PENN AUCT SERV INC
T NATIONAL AUTO DEALERS EXCHANGE
T OTHER INCOME

SUBTOTAL

30,000.

Form **1040**

Department of the Treasury - Internal Revenue Service

U.S. Individual Income Tax Return **2005**

(99)

IRS Use Only - Do not write or staple in this space.

OMB No. 1545-0074

Label

(See instructions on page 16.)

Use the IRS label. Otherwise, please print or type.

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A
B
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E
R
E

For the year Jan. 1-Dec. 31, 2005, or other tax year beginning

, 2005, ending

Your first name and initial

HAROLD

Last name

BENDELL

If a joint return, spouse's first name and initial

ANNE

Last name

BENDELL

Home address (number and street). If you have a P.O. box, see page 16.

Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, see page 16.

Your social security number

Spouse's social security number

You must enter

your SSN(s) above.

Checking a box below will not change your tax or refund.

Presidential Election Campaign

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 16)

☐ You ☐ Spouse**Filing Status**

Check only one box.

- 1 ☐ Single
- 2 ☒ Married filing jointly (even if only one had income)
- 3 ☐ Married filing separately. Enter spouse's SSN above and full name here.
- 4 ☐ Head of household (with qualifying person). (See page 17.) If the qualifying person is a child but not your dependent, enter this child's name here.
- 5 ☐ Qualifying widow(er) with dependent child (see page 17)

Exemptions

- 6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a
- 6b ☒ Spouse

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If qualifying child for child tax credit (see page 19)

If more than four dependents, see page 19.

Boxes checked on 6a and 6b No. of children on 6c who:

- lived with you
- did not live with you due to divorce or separation (see page 20)

Dependents on 6c not entered above

Add numbers on lines above

d Total number of exemptions claimed

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see page 22.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

- 7 Wages, salaries, tips, etc. Attach Form(s) W-2 STMT 1
- 8a Taxable interest. Attach Schedule B if required
- 8b Tax-exempt interest. Do not include on line 8a STMT 2
- 9a Ordinary dividends. Attach Schedule B if required
- 9b Qualified dividends (see page 23) STMT 2
- 10 Taxable refunds, credits, or offsets of state and local income taxes (see page 23) STMT 4
- 11 Alimony received
- 12 Business income or (loss). Attach Schedule C or C-EZ
- 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐
- 14 Other gains or (losses). Attach Form 4797
- 15a IRA distributions 15a Taxable amount (see page 25)
- 16a Pensions and annuities 16a Taxable amount (see page 25)
- 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E
- 18 Farm income or (loss). Attach Schedule F
- 19 Unemployment compensation
- 20a Social security benefits 20a Taxable amount (see page 27)
- 21 Other income. List type and amount (see page 29) SEE STATEMENT 2
- 22 Add the amounts in the far right column for lines 7 through 21. This is your total income

7	225,000
8a	
8b	
9a	
9b	
10	
11	
12	
13	
14	
15b	
16b	
17	
18	
19	
20b	
21	-47,465.
22	

Adjusted Gross Income

- 23 Educator expenses (see page 29) 23
- 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24
- 25 Health savings account deduction. Attach Form 8889 25
- 26 Moving expenses. Attach Form 3903 26
- 27 One-half of self-employment tax. Attach Schedule SE 27
- 28 Self-employed SEP, SIMPLE, and qualified plans 28
- 29 Self-employed health insurance deduction (see page 30) 29
- 30 Penalty on early withdrawal of savings 30
- 31a Alimony paid b Recipient's SSN ☐ 31a
- 32 IRA deduction (see page 31) 32
- 33 Student loan interest deduction (see page 33) 33
- 34 Tuition and fees deduction (see page 34) 34
- 35 Domestic production activities deduction. Attach Form 8903 35
- 36 Add lines 23 through 31a and 32 through 35 36
- 37 Subtract line 36 from line 22. This is your adjusted gross income 37

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 78.

JSA

RS

5A1210 2.000

Form **1040** (2005)

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SUPPLEMENT TO FORM 1040

TAX EXEMPT INTEREST INCOME

TAX-EXEMPT INTEREST FROM STATE AND MUNICIPAL BONDS

S LI POWER AUTHORITY
S MTA MUNICIPAL BOND
S NEW JERSEY ST TRANSN
S NYS DORM AUTH LEASE

TOTAL

TOTAL TO 1040, LINE 8B

QUALIFIED DIVIDENDS

QUALIFIED DIVIDENDS FROM FORM 1099

S PROVIDENT FINANCIAL SERVICES
J RYAN BECK & CO.
S HUDSON CITY BANCORP
J KEARNY FINANCIAL CORP
T BANK OF NEW YORK

TOTAL FORM 1099 QUALIFIED DIVIDENDS

TOTAL TO 1040, LINE 9B

SOURCES OF OTHER INCOME

MISC. OTHER INCOME SUBJECT TO S.E. TAX

T MAJOR HYUNDAI
T LESS AMOUNT REPORTED ON BENDELL REALTY FLP
T MANHEIM'S PENN AUCTION SERV INC
T OTHER INCOME

30,000.

CONTINUED...

STATEMENT 2

Form 1040 Department of the Treasury - Internal Revenue Service 2004		(99) IRS Use Only - Do not write or staple in this space.																																																																									
For the year Jan. 1-Dec. 31, 2004, or other tax year beginning 2004, ending																																																																											
Label (See instructions on page 16.) Use the IRS label. Otherwise, please print or type.	LABEL HERE Your first name and initial HAROLD		Last name BENDELL																																																																								
	If a joint return, spouse's first name and initial ANN		Last name BENDELL																																																																								
	Home address (number and street). If you have a P.O. box, see page 16. [REDACTED]		Apt. no. [REDACTED]																																																																								
	City, town or post office, state, and ZIP code. If you have a foreign address, see page 16. [REDACTED]																																																																										
		Your social security number [REDACTED]																																																																									
		Spouse's social security number [REDACTED]																																																																									
		Important! You must enter your SSN(s) above.																																																																									
Presidential Election Campaign (See page 16.)		Note. Checking "Yes" will not change your tax or reduce your refund. Do you, or your spouse if filing a joint return, want \$3 to go to this fund? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																																									
Filing Status Check only one box.		1 <input type="checkbox"/> Single 2 <input checked="" type="checkbox"/> Married filing jointly (even if only one had income) 3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. <input type="checkbox"/> 4 <input type="checkbox"/> Head of household (with qualifying person). (See page 17.) If the qualifying person is a child but not your dependent, enter this child's name here. <input type="checkbox"/> 5 <input type="checkbox"/> Qualifying widow(er) with dependent child (see page 17)																																																																									
Exemptions		6a <input checked="" type="checkbox"/> Yourself. If someone else can claim you as a dependent, do not check box 6a b <input checked="" type="checkbox"/> Spouse c Dependents: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">(1) First name</th> <th style="width: 30%;">Last name</th> <th style="width: 20%;">(2) Dependent's social security number</th> <th style="width: 20%;">(3) Dependent's relationship to you</th> <th style="width: 10%;">(4) <input checked="" type="checkbox"/> If qualifying child for child tax credit (see page 18)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> d Total number of exemptions claimed		(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If qualifying child for child tax credit (see page 18)																																																																			
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Income Attach Form(s) W-2 here. Also attach Form(s) W-2G and 1099-R if tax was withheld. If you did not get a W-2, see page 19. Enclose, but do not attach, any payment. Also, please use Form 1040-V.		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">7 Wages, salaries, tips, etc. Attach Form(s) W-2</td> <td style="width: 10%;">STMT 1</td> <td style="width: 10%;">7</td> <td style="width: 20%;">[REDACTED]</td> </tr> <tr> <td>8a Taxable interest. Attach Schedule B if required</td> <td>8a</td> <td></td> <td>[REDACTED]</td> </tr> <tr> <td>b Tax-exempt interest. Do not include on line 8a</td> <td>STMT 1</td> <td>8b</td> <td>[REDACTED]</td> </tr> <tr> <td>9a Ordinary dividends. Attach Schedule B if required</td> <td></td> <td>9a</td> <td>[REDACTED]</td> </tr> <tr> <td>b Qualified dividends (see page 20)</td> <td>STMT 2</td> <td>9b</td> <td>[REDACTED]</td> </tr> <tr> <td>10 Taxable refunds, credits, or offsets of state and local income taxes (see page 20)</td> <td>STMT 3</td> <td>10</td> <td>[REDACTED]</td> </tr> <tr> <td>11 Alimony received</td> <td></td> <td>11</td> <td>[REDACTED]</td> </tr> <tr> <td>12 Business income or (loss). Attach Schedule C or C-EZ</td> <td></td> <td>12</td> <td>[REDACTED]</td> </tr> <tr> <td>13 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/></td> <td></td> <td>13</td> <td>[REDACTED]</td> </tr> <tr> <td>14 Other gains or (losses). Attach Form 4797</td> <td></td> <td>14</td> <td>[REDACTED]</td> </tr> <tr> <td>15a IRA distributions</td> <td>15a</td> <td>b Taxable amount (see page 22)</td> <td>15b</td> </tr> <tr> <td>16a Pensions and annuities</td> <td>16a</td> <td>b Taxable amount (see page 22)</td> <td>16b</td> </tr> <tr> <td>17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E</td> <td></td> <td>17</td> <td>[REDACTED]</td> </tr> <tr> <td>18 Farm income or (loss). Attach Schedule F</td> <td></td> <td>18</td> <td>[REDACTED]</td> </tr> <tr> <td>19 Unemployment compensation</td> <td></td> <td>19</td> <td>[REDACTED]</td> </tr> <tr> <td>20a Social security benefits</td> <td>20a</td> <td>b Taxable amount (see page 24)</td> <td>20b</td> </tr> <tr> <td>21 Other income. List type and amount (see page 24) SEE STATEMENT 2</td> <td></td> <td>21</td> <td>30,000.</td> </tr> <tr> <td>22 Add the amounts in the far right column for lines 7 through 21. This is your total income</td> <td></td> <td>22</td> <td>[REDACTED]</td> </tr> </table>		7 Wages, salaries, tips, etc. Attach Form(s) W-2	STMT 1	7	[REDACTED]	8a Taxable interest. Attach Schedule B if required	8a		[REDACTED]	b Tax-exempt interest. Do not include on line 8a	STMT 1	8b	[REDACTED]	9a Ordinary dividends. Attach Schedule B if required		9a	[REDACTED]	b Qualified dividends (see page 20)	STMT 2	9b	[REDACTED]	10 Taxable refunds, credits, or offsets of state and local income taxes (see page 20)	STMT 3	10	[REDACTED]	11 Alimony received		11	[REDACTED]	12 Business income or (loss). Attach Schedule C or C-EZ		12	[REDACTED]	13 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>		13	[REDACTED]	14 Other gains or (losses). Attach Form 4797		14	[REDACTED]	15a IRA distributions	15a	b Taxable amount (see page 22)	15b	16a Pensions and annuities	16a	b Taxable amount (see page 22)	16b	17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		17	[REDACTED]	18 Farm income or (loss). Attach Schedule F		18	[REDACTED]	19 Unemployment compensation		19	[REDACTED]	20a Social security benefits	20a	b Taxable amount (see page 24)	20b	21 Other income. List type and amount (see page 24) SEE STATEMENT 2		21	30,000.	22 Add the amounts in the far right column for lines 7 through 21. This is your total income		22	[REDACTED]
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SUPPLEMENT TO FORM 1040
=====TAX-EXEMPT INTEREST FROM STATE AND MUNICIPAL BONDS

S MTA MUNICIPAL BOND
S NEW JERSEY ST TRANSN
S NYC G/O SER C
S NYS DORM AUTH LEASE
S LI POWER AUTHORITY

TOTAL

TOTAL TO 1040, LINE 8B
=====QUALIFIED DIVIDENDS
=====QUALIFIED DIVIDENDS

S PROVIDENT FINANCIAL SERVICES

TOTAL QUALIFIED DIVIDENDS
-----TOTAL TO 1040, LINE 9B
=====SOURCES OF OTHER INCOME
=====MISC. OTHER INCOME SUBJECT TO S.E. TAX

T MAJOR HYUNDAI
T LESS AMT REPORTED ON BENDELL REALTY FLP
T OTHER INCOME

TOTAL TO 1040, LINE 21
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